

# Buckeye Police Department Citizen Academy



**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
**PREFERRED NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**PHONE:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**DRIVERS LICENSE #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

*All information provided is held in the strictest confidence and is not for public release.*

Please list all other names you have used, including nicknames, married names and maiden names:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

What is your connection to the Buckeye Community?

\_\_\_\_ Resident \_\_\_\_ Business Owner \_\_\_\_ Employee of a business in Buckeye \_\_\_\_ Other - Please explain:

**EMPLOYMENT EXPERIENCE:** Are you presently employed? (Check as many as apply)

\_\_\_\_ Employed Full Time \_\_\_\_ Employed Part Time \_\_\_\_ Unemployed \_\_\_\_ Retired \_\_\_\_ Student

**CURRENT OR MOST RECENT EMPLOYER:** Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Duties: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR CITIZEN POLICE ACADEMY?** \_\_\_\_\_

The academy sessions are on Wednesday Evenings for 8 weeks and one Saturday morning session will be held towards the end of the academy. Are you able to attend all the academy sessions? YES or NO

Do you have any physical limitations or health issues that would require you to have reasonable accommodations in order for you to attend the academy classes? YES or NO If yes, please explain \_\_\_\_\_

What experience(s) have you had with law enforcement? (circle one) Positive/Negative, Briefly explain: \_\_\_\_\_

Why do you want to participate in the Citizen Police Academy program? \_\_\_\_\_

List your hobbies and interests: \_\_\_\_\_

**EDUCATION:** High School Diploma or GED: YES or NO

College or University \_\_\_\_\_ Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Graduate Studies \_\_\_\_\_ Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

**REFERENCES:** Please list the names of three people to be contacted for character references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been arrested for a crime, regardless of whether the conviction was later set aside or expunged? "Crime" means all felonies, misdemeanors and serious offenses. Examples include, but are not limited to, DWI/DUI, reckless driving and criminal traffic offenses, etc. Yes No

Failure to report may render you ineligible for the academy. If yes, please explain: \_\_\_\_\_

Conviction Date	Conviction	Outcome	Misdemeanor	Felony	Brief Explanation

Tee Shirt Size (men sized shirts): S M L XL XXL Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

*The Town of Buckeye Police Department appreciates those people who are interested in attending the Buckeye Citizen Police Academy. As a sign of the changing times, laws have been enacted to protect both the people we serve. This law requests that anyone with access to sensitive areas undergo procedures that may appear on the surface to be offensive to people that simply wish to attend the citizen police academy. Please bear with us; we are simply taking precautions against the unscrupulous who may try to penetrate our ranks.*

**CONDITIONS:**

I fully understand, acknowledge and agree to the following:

A minimal background check is required before enrollment is allowed in the Citizen Police Academy:

All statements made in this application are true and authorization is given to investigate all matters contained in the application. Any false statements or misrepresentation on this application will be cause for refusal of enrollment or dismissal at any time during the academy.

Signature of Academy Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please Return Application To:  
Debbie Driscoll  
Buckeye Police Department  
Citizen Police Academy  
100 North Apache Rd. Suite D  
Buckeye, AZ 85326

**Office Use:**

Date Received: \_\_\_\_\_

Background Check \_\_\_\_\_ References: \_\_\_\_\_

Enrollment Letter Sent \_\_\_\_\_

Waiting list letter sent \_\_\_\_\_